

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised)		O	2015-12-18 10:25
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :		R	
IV. IS ASBESTOS PRESENT? (yes/no):		YES	
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B-29		
City:	Rochester	State:	New York
		County:	Monroe
Site Location:			
Building Size:	Sq. Ft.	570,542.91	# of Floors:
Present Use:	Age in Years:	103	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	2000		
Pipes - Linear Meters			
Surface Area - Square Feet	2000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL		Start:	Completion
		1/2/2015	12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:		Start:	Completion

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:	(585) 754-8226		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caugfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caugfield
Signature of Owner/Operator

December 15, 2014
Date

53
EPA NOTIFICATIONS
2015
EASTMAN KODAK COMPANY

1. 11/11/2015
2014 DEC 30 PM 3:13
ALM 02/10/2015 E BR.



December 15, 2014

EPA Regional Office
Asbestos Coordinator
290 Broadway
New York, NY 10007-1823

Dear Sir/Madam:

Enclosed please find the Eastman Kodak Company's 2015 signed EPA ten day Notification information and details. Also enclosed is a copy of my Asbestos Supervisor license.

Please feel free to contact me @585-722-2525, if you have any questions or concerns. Thank you!

Sincerely,

A handwritten signature in black ink that reads "Timothy E. Caufield". The signature is written in a cursive style with a large, stylized 'C' at the end.

Timothy E. Caufield

MUST BE CARRIED ON ASBESTOS PROJECTS

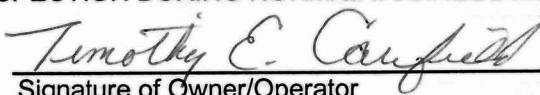

CERT # 14-05011
DMV# 213550648

TIMOTHY E CAUFIELD
CLASS (EXPIRES)
6 SUPR(02/15)



STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	2015.12.18.41305
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14650-3013
Contact:	Timothy Caufield	Tel: (585) 722-2525	
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State: New York	Zip: 14609
Contact:	Craig Everhart	Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B-2 - Pipelines only		
City:	Rochester	State: New York	County: Monroe
Site Location:			
Building Size:	Sq. Ft:	# of Floors:	Sq. Meter
Present Use:	Age in Years: 122	Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.			
XII. WASTE TRANSPORTER #1			
Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574
XIII. WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:	(716) 754-8226		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
 Signature of Owner/Operator			December 15, 2014 Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator			12/15/2014 Date

Operator Project	Postmark	Date Received	Notification
TYPE OF NOTIFICATION (O = Original / R = Revised)		O	2015-12-18-41492
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 8		
City:	Rochester	State:	New York
County:	Monroe		
Site Location:			
Building Size:	Sq. Ft.	14,188.22	# of Floors:
Present Use:	Age in Years:	91	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	2000		
Pipes - Linear Meters			
Surface Area - Square Feet	2000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
Start:	1/2/2015	Completion:	12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION			
Start:		Completion:	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			

Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Mod 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York** Zip: **14606**

Contact Person: **Sue Rossi** Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York** Zip: **14416**

Telephone: **(716) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: Title:

Authority:

Date if Order (MM/DD/YY): Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	2015-12-18 11681
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14650-3013
Contact:	Timothy Caufield	Tel: (585) 722-2525	
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State: New York	Zip: 14609
Contact:	Craig Everhart	Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 12		
City:	Rochester	State: New York	County: Monroe
Site Location:			
Building Size:	Sq. Ft:	482,910.34	# of Floors:
Present Use:	Age in Years:	49	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	2000		
Pipes - Linear Meters			
Surface Area - Square Feet	2000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT			

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14606
Contact Person:	Sue Rossi	Telephone: (585) 254-7574	

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	Zip:
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State: New York	Zip: 14416
Telephone:	(716) 754-8226		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

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Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
						2015.12.18 4:19:38	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St.						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 14						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	17,619.51	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	118	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT							

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact Person:	Sue Rossi	Zip:	14606
		Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
Contact Person:		Zip:	
		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
Telephone:	(716) 754-8226	Zip:	14416

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:			Title	
Authority:				
Date if Order (MM/DD/YY):			Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

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Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caulfield
Signature of Owner/Operator

12/15/2014
Date

Operator Project		Postmark		Date Received		Notification	
						2015.10.14/15	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor:		Room:	
Address:		1669 Lake Ave. 14652					
Address:		B - 26					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		52185.96		# of Floors: 6	
Present Use:		Age in Years:		104		Sq. Meter	
				Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
		RACM to be Removed		Category I		Category II	
Pipes - Linear Feet		2000					
Pipes - Linear Meters							
Surface Area - Square Feet		2000					
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/1/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT							

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:	(716) 754-8226		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:			Title	
Authority:				
Date if Order (MM/DD/YY):		Date Ordered to Begin:		

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Canfield
Signature of Owner/Operator

12/15/2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State: New York		Zip: 14650-3013	
Contact:		Timothy Caufield				Tel: (585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State: New York		Zip: 14609	
Contact:		Craig Everhart				Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:		Zip:	
Contact:						Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 28					
City:		Rochester		State: New York		County: Monroe	
Site Location:							
Building Size:		Sq. Ft:		325,607.96		# of Floors:	
Present Use:		Age in Years: 67		Prior Use:		Sq. Meter	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				2000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				2000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT							

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14606
Contact Person:	Sue Rossi	Telephone: (585) 254-7574	

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	Zip:
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State: New York	Zip: 14416
Telephone:	(716) 754-8226		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:			Title	
Authority:				
Date if Order (MM/DD/YY):			Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Canfield
Signature of Owner/Operator


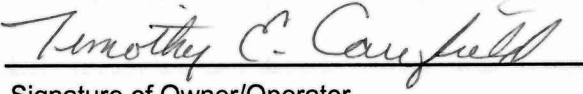
December 15, 2014
Date

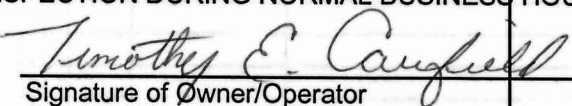
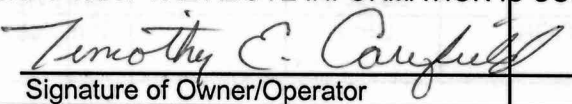
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Canfield
Signature of Owner/Operator

12/15/2014
Date

Operator Project		Postmark		Date Received		Notification	
						2015.12.18. 12556	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave.					
Address:		B-30					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		655,468.55		# of Floors:	
Prior Use:		Age in Years:		103		Sq. Meter	
				Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
		RACM to be Removed		Category I		Category II	
Pipes - Linear Feet		2000					
Pipes - Linear Meters							
Surface Area - Square Feet		2000					
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.			
XII. WASTE TRANSPORTER #1			
Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York Zip: 14606
Contact Person:	Sue Rossi	Telephone: (585) 254-7574	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	Zip:
Contact Person:		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York Zip: 14416
Telephone:	(716) 754-8226		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after pro 1/6/2011			
 Signature of Owner/Operator			December 15, 2014 Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator			December 15, 2014 Date

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.			
XII. WASTE TRANSPORTER #1			
Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
Telephone:	(585) 754-8226	Zip:	14416
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
 Signature of Owner/Operator			December 15, 2014 Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator			December 15, 2014 Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	2015.12.18. 12725
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14650-3013
Contact:	Timothy Caufield	Tel: (585) 722-2525	
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State: New York	Zip: 14609
Contact:	Craig Everhart	Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:	Tel:		
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :		R	
IV. IS ASBESTOS PRESENT? (yes/no):		YES	
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B-31		
City:	Rochester	State: New York	County: Monroe
Site Location:			
Building Size:	Sq. Ft:	269,467.35	# of Floors:
Present Use:	Age in Years:	108	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	2000		
Pipes - Linear Meters			
Surface Area - Square Feet	2000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL		Start: 1/2/2015	Completion 12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:		Start:	Completion
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Tim Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R							
IV. IS ASBESTOS PRESENT? (yes/no): YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B-35					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		162,250.05		# of Floors:	
Present Use:		Age in Years:		84		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				2000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				2000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

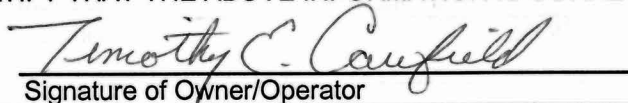
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised)				O		2015-12-18. 13156	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield		Zip:		14650-3013	
				Tel:		(585) 722-6967	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R							
IV. IS ASBESTOS PRESENT? (yes/no): YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 42					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		110,080.63		# of Floors:	
Present Use:		Age in Years:		63		Sq. Meter	
				Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				2000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				2000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**
Address: **4746 Model 1661 Mt. Read Blvd.**
City: **Rochester** State: **New York** Zip: **14606**
Contact Person: **Sue Rossi** Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Telephone: _____

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**
Address: **303 Brew Rd.**
City: **Bergen** State: **New York** Zip: **14416**
Telephone: **(716) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: _____ Title: _____
Authority: _____
Date if Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY): _____
Description of the Sudden, Unexpected Event: _____

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after pro 1/6/2011

Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Canfield
Signature of Owner/Operator

12/15/2014
Date

Operator Project		Postmark		Date Received		Notification	
						2015-12-18-43330	
I. TYPE OF NOTIFICATION (O = Original / R = Revised)				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 47					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		93,219.82		# of Floors:	
Present Use:		Age in Years:		36		Prior Use:	
						Sq. Meter	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				2000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				2000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:	(585) 754-8226		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

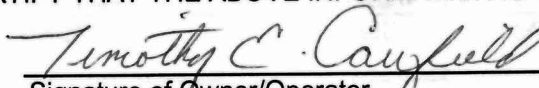
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised)				O		2015.12.18.1758	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R							
IV. IS ASBESTOS PRESENT? (yes/no): YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor:		Room:	
Address:		1669 Lake Ave. 14652					
Address:		B -56					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		127,988.79		# of Floors:	
Present Use:		Age in Years:		93		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				2000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				2000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O					
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R							
IV. IS ASBESTOS PRESENT? (yes/no): YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B-59						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	309,871.32	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	39	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	2000						
Pipes - Linear Meters							
Surface Area - Square Feet	2000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
	Start:		Completion				
	1/2/2015		12/31/2015				
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
	Start:		Completion				
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O		2015.12.18. 50680	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield				Zip: 14650-3013	
						Tel: (585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart				Zip: 14609	
						Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:						Zip:	
						Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R							
IV. IS ASBESTOS PRESENT? (yes/no): YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 82					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		191,345.13		# of Floors:	
Present Use:		Age in Years:		39		Prior Use:	
						Sq. Meter	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				1000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				1000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being							

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

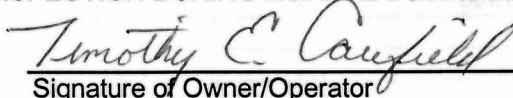
Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	2015-12-18. 50837
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York Zip: 14650-3013
Contact:	Timothy Caufield	Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York Zip: 14609
Contact:	Craig Everhart	Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 83		
City:	Rochester	State:	New York County: Monroe
Site Location:			
Building Size:	Sq. Ft:	194,352.04	# of Floors:
Present Use:	Age in Years:	43	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	1/2/2015	Completion: 12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:		Completion:
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City: State:

Zip:

Contact Person: Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: Title

Authority:

Date if Order (MM/DD/YY): Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

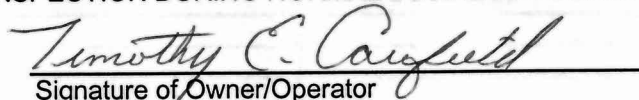
Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd					
City:		Rochester		State:		New York	
Contact:		Tim Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 103					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		17,685		# of Floors:	
Present Use:		Age in Years:		89		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed			
Pipes - Linear Feet				1000			
Pipes - Linear Meters							
Surface Area - Square Feet				1000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being							

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City: State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: Title

Authority:

Date if Order (MM/DD/YY): Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised):		O	2015.12.18.51187
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 107		
City:	Rochester	State:	New York
		County:	Monroe
Site Location:			
Building Size:		Sq. Ft:	5785
Present Use:		Age in Years:	89
		# of Floors:	
		Sq. Meter	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised)		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 112		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:		Sq. Ft:	13,392
Present Use:		# of Floors:	
		Sq. Meter	
	Age in Years: 43	Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:	(585) 754-8226		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised)		O	2015.12.18 5:50
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York Zip: 14650-3013
Contact:	Timothy Caufield	Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York Zip: 14609
Contact:	Craig Everhart	Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 115		
City:	Rochester	State:	New York County: Monroe
Site Location:			
Building Size:	Sq. Ft:	2,714.00	# of Floors: 7 Sq. Meter
Present Use:	Age in Years:	75	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL		Start: 1/2/2015	Completion 12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:		Start:	Completion
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

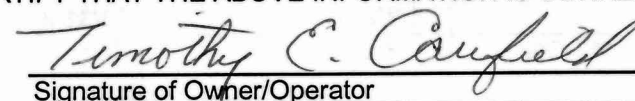
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised):		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B-116		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:		Sq. Ft:	864.00
Present Use:		# of Floors:	7
		Sq. Meter	
	Age in Years:	75	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	4746 Model 1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:	(585) 754-8226		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

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Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised)		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR: AAC Contracting Inc.			
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 117		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:	Sq. Ft:	32,173.50	# of Floors: 7
Present Use:	Age in Years:	75	Sq. Meter
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	1/2/2015	Completion: 12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:		Completion:
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):		O					
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St.						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R							
IV. IS ASBESTOS PRESENT? (yes/no): YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 119						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	162,449.40	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	75	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
		RACM to be Removed	Category I	Category II			
Pipes - Linear Feet		1000					
Pipes - Linear Meters							
Surface Area - Square Feet		1000					
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
		Start:	1/2/2015	Completion:	12/31/2015		
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
		Start:		Completion:			
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being							

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City: State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

I. TYPE OF NOTIFICATION (O = Original / R = Revised) :

O

II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)

OWNER: **Eastman Kodak Company**

Address: **2400 Mt. Read Blvd**

City: **Rochester**

State: **New York**

Zip: **14650-3013**

Contact: **Tim Caufield**

Tel: **(585) 722-2525**

REMOVAL CONTRACTOR: **AAC Contracting Inc.**

Address: **175 Humbolt St.**

City: **Rochester**

State: **New York**

Zip: **14609**

Contact: **Craig Everhart**

Tel: **(585) 527-8000 ext. 122**

OTHER OPERATOR:

Address:

City:

State:

Zip:

Contact:

Tel:

III. TYPE OF OPERATION (D = Demolition/R = Renovation) : **R**

IV. IS ASBESTOS PRESENT? (yes/no): **YES**

V. FACILITY DESCRIPTION (include building name, number and floor or room number):

Bldg. Name: **Kodak Park**

Floor

Room

Address: **1669 Lake Ave. 14652**

Address: **B - 120**

City: **Rochester**

State: **New York**

County: **Monroe**

Site Location:

Building Size:

Sq. Ft:

62,252.00

of Floors:

7

Sq. Meter

Present Use:

Age in Years: **75**

Prior Use:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL

Start:
1/2/2015

Completion
12/31/2015

IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:

Start:

Completion

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 121		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:		Sq. Ft:	1,719.00
Present Use:		# of Floors:	7
	Age in Years:	75	Sq. Meter
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: Waste Management - Rochester

Address: 4746 Model 1661 Mt. Read Blvd.

City: Rochester State: New York

Zip: 14606

Contact Person: Sue Rossi

Telephone: (585) 254-7574

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Mill Street Landfill

Address: 303 Brew Rd.

City: Bergen

State: New York

Zip: 14416

Telephone: (585) 754-8226

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Confield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Confield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised)		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd		
City:	Rochester	State:	New York Zip: 14650-3013
Contact:	Timothy Caufield	Tel: (585) 722-2525	
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York Zip: 14609
Contact:	Craig Everhart	Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 136		
City:	Rochester	State:	New York County: Monroe
Site Location:			
Building Size:	Sq. Ft:	543.00	# of Floors: 7 Sq. Meter
Present Use:	Age in Years:	75	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	1/2/2015	Completion 12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:		Completion
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being			

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **4746 Model 1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(585) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone: **(585) 754-8226**

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 148		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:		Sq. Ft:	20,708.00
Present Use:		# of Floors:	
		Sq. Meter	
	Age in Years:	52	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			

Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
Zip:	14606		
Contact Person:	Sue Rossi	Telephone:	(716) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
Zip:			
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
Zip:	14416		
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:			Title	
Authority:				
Date if Order (MM/DD/YY):			Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O		2015-12-18-52781	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St.						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 205						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft.	1,007,152	# of Floors:	3	Sq. Meter	
Present Use:		Age in Years:	67	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	2000						
Pipes - Linear Meters							
Surface Area - Square Feet	2000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL		Start:		Completion:			
		1/2/2015		12/31/2015			
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:		Start:		Completion:			
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **1661 Mt. Read Blvd.**

City: **Rochester**

State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(716) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caufield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caufield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
						2015.12.18.52933	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 211					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		33,294.70		# of Floors:	
Present Use:		Age in Years:		61		Sq. Meter	
				Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				2000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				2000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
Zip:	14606		
Contact Person:	Sue Rossi	Telephone:	(716) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
Zip:			
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
Zip:	14416		
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:			Title	
Authority:				
Date if Order (MM/DD/YY):			Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification 2015/2/18/57103	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield				Zip: 14650-3013	
						Tel: (585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart				Zip: 14609	
						Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:						Zip:	
						Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R							
IV. IS ASBESTOS PRESENT? (yes/no): YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 218					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		27,315.10		# of Floors:	
Present Use:		Age in Years:		40		Prior Use:	
						Sq. Meter	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				1000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				1000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(716) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised):		O	2015-12-13 37135
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York Zip: 14650-3013
Contact:	Timothy Caufield	Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York Zip: 14609
Contact:	Craig Everhart	Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 301		
City:	Rochester	State:	New York County: Monroe
Site Location:			
Building Size:	Sq. Ft:	# of Floors:	Sq. Meter
Present Use:	Age in Years: 68	Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(716) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City: State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen** State: **New York**

Zip: **14416**

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: Title:

Authority:

Date if Order (MM/DD/YY): Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

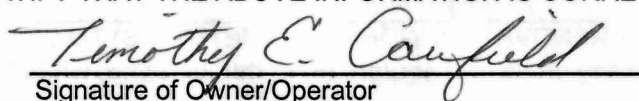
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised):		O	2015/02/17 11:11
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation):			
R			
IV. IS ASBESTOS PRESENT? (yes/no):			
YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 302		
City:	Rochester	State:	New York
		County:	Monroe
Site Location:			
Building Size:	Sq. Ft.	# of Floors:	Sq. Meter
Present Use:	Age in Years: 60	Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management - Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14606
Contact Person:	Sue Rossi	Telephone: (716) 254-7574	

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	Zip:
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Street Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State: New York	Zip: 14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

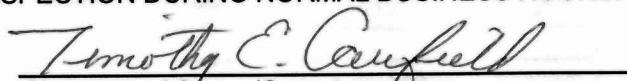
XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

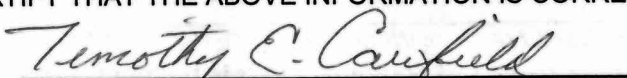
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification 2015/12/21-57524	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:		Eastman Kodak Company					
Address:		2400 Mt. Read Blvd.					
City:		Rochester		State:		New York	
Contact:		Timothy Caufield		Zip:		14650-3013	
				Tel:		(585) 722-2525	
REMOVAL CONTRACTOR:		AAC Contracting Inc.					
Address:		175 Humbolt St.					
City:		Rochester		State:		New York	
Contact:		Craig Everhart		Zip:		14609	
				Tel:		(585) 527-8000 ext. 122	
OTHER OPERATOR:							
Address:							
City:				State:			
Contact:				Zip:			
				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:		Kodak Park		Floor		Room	
Address:		1669 Lake Ave. 14652					
Address:		B - 303					
City:		Rochester		State:		New York	
				County:		Monroe	
Site Location:							
Building Size:		Sq. Ft:		41,778.00		# of Floors:	
Present Use:		Age in Years:		52		Sq. Meter	
				Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
				RACM to be Removed		Category I	
Pipes - Linear Feet				1000		Category II	
Pipes - Linear Meters							
Surface Area - Square Feet				1000			
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **1661 Mt. Read Blvd.**

City: **Rochester**

State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(716) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

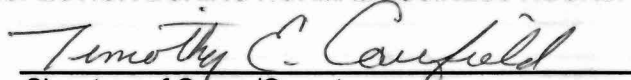
Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

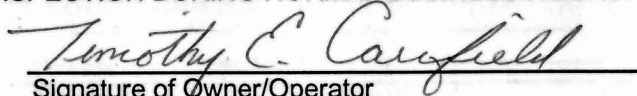
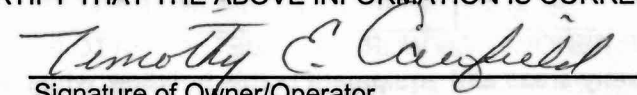
December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St.		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 304		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:		Sq. Ft:	52,237.00
Present Use:		# of Floors:	
	Age in Years: 41	Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.			
XII. WASTE TRANSPORTER #1			
Name:		Waste Management - Rochester	
Address:		1661 Mt. Read Blvd.	
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone: (716) 254-7574	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name:		Mill Street Landfill	
Address:		303 Brew Rd.	
City:	Bergen	State:	New York
		Zip:	14416
Telephone:			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
 Signature of Owner/Operator			December 15, 2014 Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator			December 15, 2014 Date

Operator Project		Postmark		Date Received		Notification 2015.12.21.38610	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St.						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 308						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft.		# of Floors:		Sq. Meter	
Present Use:		Age in Years:	67	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
<p>The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.</p>							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
	Start:		Completion				
	1/2/2015		12/31/2015				
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
	Start:		Completion				
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
<p>Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.</p>							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **1661 Mt. Read Blvd.**

City: **Rochester**

State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(716) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

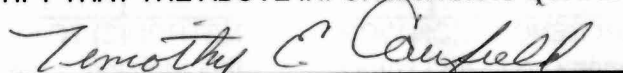
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)


Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
						2015.12.21.390 64	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St.						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 315						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	5,118.08	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	59	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **1661 Mt. Read Blvd.**

City: **Rochester**

State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(716) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Canfield
Signature of Owner/Operator

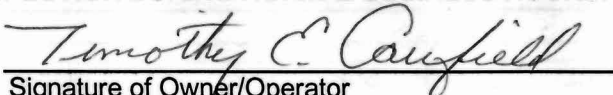
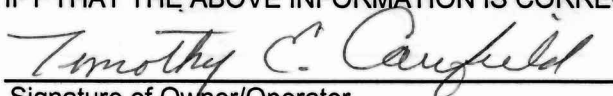
December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

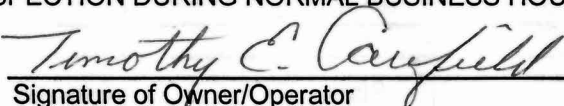
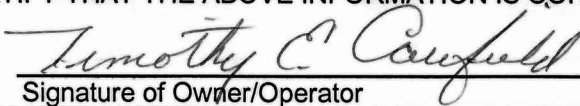
Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

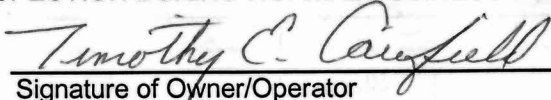

Operator Project		Postmark		Date Received		Notification 1015-12-21-15 PS03	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 317						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	604,276.27	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	38	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	2000						
Pipes - Linear Meters							
Surface Area - Square Feet	2000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.			
XII. WASTE TRANSPORTER #1			
Name:	Waste Management Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact Person:	Sue Rossi	Zip:	14606
		Telephone:	(585) 254-7574
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
Contact Person:		Zip:	
		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name:	Mill Seat Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
Telephone:		Zip:	14416
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
 Signature of Owner/Operator			December 15, 2014
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator			December 15, 2014

Operator Project		Postmark		Date Received		Notification	
						2/8/15 1221 40006	
I. TYPE OF NOTIFICATION (O = Original / R = Revised)				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St						
City:	Rochester	State:	New York	Zip:	14611		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 318						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	191,780.23	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	39	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.			
XII. WASTE TRANSPORTER #1			
Name:		Waste Management Rochester	
Address:		1661 Mt. Read Blvd.	
City:	Rochester	State:	New York
Zip:		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
Zip:		Zip:	
Contact Person:		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name:		Mill Seat Landfill	
Address:		303 Brew Rd.	
City:	Bergen	State:	New York
Zip:		Zip:	14416
Telephone:			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
 Signature of Owner/Operator		December 15, 2014 Date	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator		December 15, 2014 Date	

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised)		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:			
AAC Contracting Inc.			
Address:	175 Humbolt St		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Zip:	
		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :			
R			
IV. IS ASBESTOS PRESENT? (yes/no):			
YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 319		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:		Sq. Ft:	192,625.26
Present Use:		# of Floors:	
		Sq. Meter	
	Age in Years:	38	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	Completion	
	1/2/2015	12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:	Completion	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.			
XII. WASTE TRANSPORTER #1			
Name:		Waste Management Rochester	
Address:		1661 Mt. Read Blvd.	
City:	Rochester	State:	New York
Zip:		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
Zip:		Zip:	
Contact Person:		Telephone:	
XIII. WASTE DISPOSAL SITE			
Name:		Mill Seat Landfill	
Address:		303 Brew Rd.	
City:	Bergen	State:	New York
Zip:		Zip:	14416
Telephone:			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
 Signature of Owner/Operator		December 15, 2014 Date	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator		December 15, 2014 Date	

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	2015.12.21. 40618
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York Zip: 14650-3013
Contact:	Timothy Caufield	Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St		
City:	Rochester	State:	New York Zip: 14609
Contact:	Craig Everhart	Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (yes/no): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 320		
City:	Rochester	State:	New York County: Monroe
Site Location:			
Building Size:	Sq. Ft:	169,997.40	# of Floors:
Present Use:	Age in Years:	38	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	1/2/2015	Completion 12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:		Completion
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT			

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Seat Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised)				O		2015/221.4078	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :							
R							
IV. IS ASBESTOS PRESENT? (yes/no):							
YES							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 325						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft.	51,285.00	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	46	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL							
	Start:		Completion				
	1/2/2015		12/31/2015				
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:							
	Start:		Completion				
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT							

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14606
Contact Person:	Sue Rossi	Telephone: (585) 254-7574	

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	Zip:
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Seat Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State: New York	Zip: 14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :		O	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14650-3013
Contact:	Tim Caufield	Tel: (585) 722-2525	
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St		
City:	Rochester	State: New York	Zip: 14609
Contact:	Craig Everhart	Tel: (585) 527-8000 ext. 122	
OTHER OPERATOR:			
Address:			
City:		State:	Zip:
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :		R	
IV. IS ASBESTOS PRESENT? (yes/no):		YES	
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 326		
City:	Rochester	State: New York	County: Monroe
Site Location:			
Building Size:	Sq. Ft:	1,090,248.00	# of Floors:
Present Use:	Age in Years:	47	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	1000		
Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL		Start:	Completion
		1/2/2015	12/31/2015
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:		Start:	Completion
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT			

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1Name: **Waste Management Rochester**Address: **1661 Mt. Read Blvd.**City: **Rochester** State: **New York**Zip: **14606**Contact Person: **Sue Rossi**Telephone: **(585) 254-7574****WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITEName: **Mill Seat Landfill**Address: **303 Brew Rd.**City: **Bergen** State: **New York**Zip: **14416**

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin:

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification 2015/2/21 41164	
I. TYPE OF NOTIFICATION (O = Original / R = Revised) :				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 333						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	55,860.90	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	41	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT							

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14606
Contact Person:	Sue Rossi	Telephone: (585) 254-7574	

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	Zip:
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Seat Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State: New York	Zip: 14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification 2015.12.21.41.10	
I. TYPE OF NOTIFICATION (O = Original / R = Revised):				O			
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation):				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 337						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft.	36,596.84	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	38	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL				Start:		Completion	
				1/2/2015		12/31/2015	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:				Start:		Completion	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT							

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Seat Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Carfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Carfield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project		Postmark		Date Received		Notification	
I. TYPE OF NOTIFICATION (O = Original / R = Revised)				O		2015. 12.21. 4/1665	
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)							
OWNER:	Eastman Kodak Company						
Address:	2400 Mt. Read Blvd.						
City:	Rochester	State:	New York	Zip:	14650-3013		
Contact:	Timothy Caufield			Tel:	(585) 722-2525		
REMOVAL CONTRACTOR:	AAC Contracting Inc.						
Address:	175 Humbolt St						
City:	Rochester	State:	New York	Zip:	14609		
Contact:	Craig Everhart			Tel:	(585) 527-8000 ext. 122		
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :				R			
IV. IS ASBESTOS PRESENT? (yes/no):				YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Bldg. Name:	Kodak Park	Floor		Room			
Address:	1669 Lake Ave. 14652						
Address:	B - 339						
City:	Rochester	State:	New York	County:	Monroe		
Site Location:							
Building Size:		Sq. Ft:	28,180.60	# of Floors:		Sq. Meter	
Present Use:		Age in Years:	40	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.							
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:							
	RACM to be Removed	Category I	Category II				
Pipes - Linear Feet	1000						
Pipes - Linear Meters							
Surface Area - Square Feet	1000						
Surface Area - Square Meters							
Volume RACM off Facility Component-Cubic Feet							
Volume RACM off Facility Component-Cubic Meter							
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL		Start:	1/2/2015	Completion:	12/31/2015		
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:		Start:		Completion:			
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.							
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT							

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

Name:	Waste Management Rochester		
Address:	1661 Mt. Read Blvd.		
City:	Rochester	State:	New York
		Zip:	14606
Contact Person:	Sue Rossi	Telephone:	(585) 254-7574

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	
		Zip:	
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Seat Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State:	New York
		Zip:	14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy E. Caufield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Caufield
Signature of Owner/Operator

December 15, 2014
Date

Operator Project	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised)		O	2015-12-21-4/951
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)			
OWNER:	Eastman Kodak Company		
Address:	2400 Mt. Read Blvd.		
City:	Rochester	State:	New York
Contact:	Timothy Caufield	Zip:	14650-3013
		Tel:	(585) 722-2525
REMOVAL CONTRACTOR:	AAC Contracting Inc.		
Address:	175 Humbolt St		
City:	Rochester	State:	New York
Contact:	Craig Everhart	Zip:	14609
		Tel:	(585) 527-8000 ext. 122
OTHER OPERATOR:			
Address:			
City:		State:	
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition/R = Renovation) :			
R			
IV. IS ASBESTOS PRESENT? (yes/no):			
YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Bldg. Name:	Kodak Park	Floor	Room
Address:	1669 Lake Ave. 14652		
Address:	B - 349		
City:	Rochester	State:	New York
Site Location:		County:	Monroe
Building Size:		Sq. Ft:	163,307.32
Present Use:		# of Floors:	
		Sq. Meter	
	Age in Years:	38	Prior Use:
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis.			
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Pipes - Linear Meters			
Surface Area - Square Feet	1000		
Surface Area - Square Meters			
Volume RACM off Facility Component-Cubic Feet			
Volume RACM off Facility Component-Cubic Meter			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL			
	Start:	1/2/2015	Completion
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:			
	Start:		Completion
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
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Address:	1661 Mt. Read Blvd.		
City:	Rochester	State: New York	Zip: 14606
Contact Person:	Sue Rossi	Telephone: (585) 254-7574	

WASTE TRANSPORTER #2

Name:			
Address:			
City:		State:	Zip:
Contact Person:		Telephone:	

XIII. WASTE DISPOSAL SITE

Name:	Mill Seat Landfill		
Address:	303 Brew Rd.		
City:	Bergen	State: New York	Zip: 14416
Telephone:			

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:		Title	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin:	

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

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Timothy E. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy E. Canfield
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December 15, 2014
Date